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APPLICANTS

Bruce Martin, Malibu, CA;

\*\* CONTINUING DATA \*\*\*\*\*  
*none R.S.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none R.S.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 76	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>R. S.</i> Initials <i>R.S.</i>				

ADDRESS  
 7066  
 REED SMITH LLP  
 2500 ONE LIBERTY PLACE  
 1650 MARKET STREET  
 PHILADELPHIA, PA  
 19103

TITLE  
 PORTABLE COMBINATION BEDSIDE CO-SLEEPER

FILING FEE  RECEIVED 1779	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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